# COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER P05,0116

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural, names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

#### "MANAGING A CONTROL VARIABLE FOR A PRINTING SYSTEM BY MEANS OF A DATABASE"

0	the specification of which (check only one item below): is attached hereto.								
	was filed as United States application Serial No								
	on								
	and was amended								
	on	(if	applicable).						
⊠	was filed as PC	T international application							
	Number	PCT/EP2003/0119	59						
	On	October 28, 2003							
	and was amend	led under PCT Article 19							
	on		(if applicable).						
I hereby state t	hat I have review	ved and understand the conte amendment referred to above	nts of the above-identified spe	cification, including					
I acknowledge accordance wit	the duty to disc h Title 37, Code	lose information which is ma of Federal Regulations, §1.56	aterial to the examination of the	nis application in					
I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:									
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:									
COUNTRY (if PCT indicate "PCT")  A		APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119					
Germany		102 50 189.0	October 28, 2002	⊠ YES □ NO					
				⊠ YES □ NO					
				□ YES □ NO					
				□YES □ NO					
TO 1391 (REV 01-8	4)	Page 1 of 4 US D	EPARTMENT OF COMMERCE-Pater	t and Trademark Office					

#### ATTORNEY'S DOCKET NO. P05,0116

## Combined Declaration For Patent Application and Power of Attorney (Continued)

(Includes Reference to PCT International Applications)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject mater of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, Untied States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

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PRIOR U	J.S. APPLICATIONS (	OR PCT INTERN	IATIONAL AF	PLICATIO	ONS DESIGNATING THE	U.S. FOR BENE	EFIT UNDER 35	U.S.C. 120:	
U.S. APPLICATIONS					STATUS (Check one)				
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POWER	OF ATTORNEY: As	a named invent	or, I hereby a	ppoint all /	Attorneys identified by Un	ited States Pate	ent & Trademark	Office Customer	
Number	26574, who are all me	mbers of the Fin	m Schiff Hardi	in LLP					
Send Cor	rrespondence to:		UCE HADD				*		
			IIFF HARDI tent Depart				Direct Telephone Calls to:		
	6600	Sears Tower			, Illinois 60606-6473		Brett A. Valiquet (312) 258-5786		
	FULL NAME OF	FAMILY NAME			FIRST GIVEN NAME			SECOND GIVEN NAME	
	INVENTOR	KAMMERL	OCHER		Alexander				
2 0	RESIDENCE &	CITY			STATE OR FOREIGN COUNTRY		COUNTRY OF CITI	IZENSHIP	
1	CITIZENSHIP	Zorneding			Germany		Germany		
	POST OFFICE	POST OFFICE ADD	DRESS		CITY		STATE & ZIP CODE	E/COUNTRY	
	ADDRESS	Ingelsberg	er Weg 36	·	D-85604 Zorneding		Germany		
	FULL NAME OF	FAMILY NAME			FIRST GIVEN NAME		SECOND GIVEN NA	AME	
	INVENTOR	OSZWALD		ŀ	Alexander				
2		CITY			STATE OR FOREIGN COUNTI	RY	COUNTRY OF CITI	IZENSHIP	
0 2	RESIDENCE & CITIZENSHIP						Germany		
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	POST OFFICE ADDRESS	loh Sob -[	Pach-Straf	200	D-82140 Olching		Germany		
	<del> </del>	FAMILY NAME	JohSebBach-Straße 2		FIRST GIVEN NAME		SECOND GIVEN NA	AME	
	FULL NAME OF INVENTOR	POMPE		!	Bernd				
2		CITY			STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP		
0 3	RESIDENCE & CITIZENSHIP	München		,	Germany		Germany		
3	POST OFFICE	POST OFFICE ADDRESS			CITY		STATE & ZIP CODE/COUNTRY		
	ADDRESS	Boschetsri	ederstr. 1:	32	D-81379 München		Germany		
I hereby	declare that all statem	ents made hereir	n of my own k	knowledge a	are true and that all stater	ments made on	information and b	pelief are believed	
to be true	; and further that thes	e statements we	re made with	the knowle	edge that willful false state tates Code, and that such	ments and the li	ke so made are p	punishable by fine	
of the app	plication or any patent	tissuing thereon.							
SIGNATU	URE OF INVENTOR 2	.01	SIGNATUR	E OF INVE	ENTOR 202	SIGNATURE (	OF INVENTOR 2	:03	
						<u></u>			
DATE			DATE			DATE			



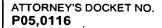
#### Combined Declaration For Patent Application and Power of Attorney (Continued)

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POWER Number	OF ATTORNEY: As 26574, who are all me	a named invente embers of the Fin	or, I hereby a m Schiff Hard	ppoint all A	Attorneys identified by U	nited States Pate	ent & Trademark	Office Customer
Send Co	rrespondence to:							
			IIFF HARD				Direct Telephone Calls to:	
	6600		tent Depart		nent Illinois 60606-6473		Brett A. Valiquet (312) 258-5786	
	FULL NAME OF	FAMILY NAME	i, Univage	, 111111010	FIRST GIVEN NAME		SECOND GIVEN N	
	INVENTOR	MEDER			Thomas		COUNTRY OF CITIZENSHIP	
2 0	RESIDENCE &	CITY			STATE OR FOREIGN COUNTRY		COUNTRY OF CITE	IZENSHIP
4	CITIZENSHIP	Erding			Germany		Germany	
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		Plankenste	inweg 14		D-85435 Erding		Germany	
	ELILL NAME OF	FAMILY NAME SCHWARZMÜLLER			FIRST GIVEN NAME Andreas		SECOND GIVEN N	AME
	FULL NAME OF INVENTOR			*				
2		CITY			STATE OR FOREIGN COUN	TDV	COUNTRY OF CITI	7ENQUID
0	RESIDENCE &	CITY		ļ				
5	CITIZENSHIP	München POST OFFICE ADDRESS			Germany		Germany STATE & ZIP CODE/COUNTRY	
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					D-80801 München		Germany SECOND GIVEN NAME	
	FULL NAME OF	FAMILY NAME			FIRST GIVEN NAME		SECOND GIVEN NAME	
	INVENTOR	GRAF			Waldemar			
2 0 6	RESIDENCE &	CITY			STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP	
	CITIZENSHIP	Ingolstadt			Germany		Germany	
	POST OFFICE	POST OFFICE ADDRESS			CITY		STATE & ZIP CODE/COUNTRY	
	ADDRESS	Gutenbergstr. 46			D-85055 Ingolstadt		Germany	
l hereby	declare that all statem	ents made herei	n of my own k	nowledge	are true and that all state	ements made on	information and b	pelief are believed
or impris	e; and further that thes onment, or both, unde	e statements we r section 1001 of	re made with Title 18 of the	the knowle e United St	dge that willful false stat ates Code, and that suc	ements and the ii h willful false stat	ke so made are p ements may jeop	pardize the validity
of the ap	plication or any patent	t issuing thereon.						
SIGNATURE OF INVENTOR 204 SIGNATURE				E OF INVE	NTOR 205	SIGNATURE	OF INVENTOR 2	06
			1					

DATE



## Combined Declaration For Patent Application and Power of Attorney (Continued)

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	PCT APPLICATION !		PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)				
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POWER Number	OF ATTORNEY: As 26574, who are all me	a named inve embers of the	entor, I hereby a Firm Schiff Hard	appoint all /	Attorneys identified by t	United States Pate	ent & Trademark	Office Customer
Send Correspondence to:  SCHIFF HARD Patent Depar				tment	tment		Direct Telephone Calls to: Brett A. Valiquet	
	1	Sears Tov		, Illinois	60606-6473 FIRST GIVEN NAME		(312) 258-5786 SECOND GIVEN N	
	FULL NAME OF INVENTOR	BARDOL			Ulrich			
2 0 7	RESIDENCE & CITIZENSHIP	Poing			STATE OR FOREIGN COUR	/TRY	COUNTRY OF CITIZENSHIP  Germany	
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-	FULL NAME OF INVENTOR	FAMILY NAME			FIRST GIVEN NAME		SECOND GIVEN N	AME
2 0 8	RESIDENCE & CITIZENSHIP	CITY			STATE OR FOREIGN COU	JTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE	ADDRESS		CITY		STATE & ZIP CODE/COUNTRY	
	FULL NAME OF INVENTOR	FAMILY NAME		<del>, , , , , , , , , , , , , , , , , , , </del>	FIRST GIVEN NAME		SECOND GIVEN NAME	
2 0 9	RESIDENCE & CITIZENSHIP	CITY			STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE	ADDRESS		СІТУ		STATE & ZIP CODE/COUNTRY	
to be true or imprise	e; and further that the:	se statements er section 1001	were made with of Title 18 of th	the knowle	are true and that all stared true and that all stared that willful false stared that such that s	tements and the li	ke so made are ¡	ounishable by fine
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